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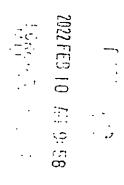
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	•				
SUBJECT: TABLETOP GLOR (Name of Limited	Y LL C d Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted	ed for filing.				
Please return all correspondence concerning this matter to the	he following:				
Scott John	WSON) e of Person)				
TN3LETOF (Firm	Company)				
1327 SOUTH 6	LEW LW.				
LAILE LAND City/State	2 3 3 8 / 3 and Zip Code)				
For further information concerning this matter, please call:					
Scott Johnson (Name of Person)	at (Sb3) 398-0337 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
\$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	ility company is					
TABLETOP	COLO.R)	Luc				
2. The Articles of Organizati	•			6 and ass	igned	
document number	1600022	2198				
3. The delayed effective date (effective Note: If the date inserted in listed as the document's effective date.	ve date cannot be pric a this block does no	or to or more than of meet the appli	90 days later t cable statutor	han date document i y filing requireme	s received for filing)) not be
4. A description of occurrence 605.0707, Florida Statutes.	(copy 605.0707	on back cover	letter).	•	•	
MEMBERS 1	rest r	AGREG	D 31	151WESS	contin	שלחושו
TO LOSE MO	NEY , V	41155	cross	=/END		_
					2022	_
				* -		* • • • • • • • • • • • • • • • • • • •
 If there are no members, e activities and affairs: 	nter the name and	d address of the	person app	ointed to wind u	p the company's	,
						,
	-					
	•-					
6. Signature of an authorized above to wind up the compan	person or if there y's activities and	are no membe	ers, the signa	ature of the perso	on appointed and	listed
Scott a. Jo	lm_		800	MA. Jo	offnsen	
Signat er e				Printed Name		

FILING FEE: \$25.00